

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

10/019634

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
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49				/		
50				/		
TOTAL IND.	8		4			
TOTAL DEP.	17		26			
TOTAL CLAIMS	25		30			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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TOTAL DEP.						
TOTAL CLAIMS						